MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2440 -63-009350
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	07606 2		8
3			
4	1		
5	3		
6			
7	0		
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10			
11			
12	61-0		
13			

61

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: City of St Louis
b. CITY OR TOWN: St Louis
Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION: Firmin Desloge
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Osage
c. CITY OR TOWN: Chamois
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): City
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLORA Middle CHARLOTTE Last SCHMITZ

4. DATE OF DEATH: Month Feb Day 28 Year 63

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-26-94
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fredricksburg, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Julius Gnadt
13b. MOTHER'S MAIDEN NAME: Augusta Steinke
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of
16. SOCIAL SECURITY NO. 40
17. INFORMANT: Julius Schmitz Address: Chamois, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured Myocardium (Left ventricle) — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 4 day
DUE TO (c): Coronary thrombosis — 4 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic Heart disease 4200

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY STATE: Mo

21. I attended the deceased from Feb 25 1963 to Feb 28 1963 and last saw her him alive on Feb 28 1963
Death occurred at 2/28/63 3:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Max Stanliff MD
22b. ADDRESS: 512 Dorsey Place
22c. DATE SIGNED: 3/4/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-4-63
23c. NAME OF CEMETERY OR CREMATORY: St Peters E&R Cemetery
23d. LOCATION (City, town, or county): Morrison, Mo

24. FUNERAL DIRECTOR ADDRESS: Stanley Meyer Union, Mo
25. DATE RECD. BY LOCAL REG.: MAR 4 1963
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____; Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley E Meyer

Licensed Embalmer No. 1639

P. O. Address Cuba Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.